

SUBCONTRACTOR SAFETY AND HEALTH DATA

The Contractor reserves the right to disqualify Offerors bid based on its evaluation of Offerors safety and health data submitted. This right to disqualify applies even if the Offeror has otherwise met all other Contractor qualification criteria. The Offeror shall provide the information requested in this qualification package. The information must be complete. **Incomplete information on this form or required attachments may result in Offeror being considered non-responsive.**

CONTRACTOR PROGRAM INFORMATION:

Zero Accidents: Contractor is committed to zero accidents. Contractor utilizes zero accident companies that demonstrate support to the philosophy of zero accidents through management commitment and an established Environment, Safety, and Health (ES&H) program that is acceptable to the Contractor.

Safety Policy: All operations are performed in a safe, compliant and environmentally responsible manner.

Safety & Health Value Statement: I will actively care for my safety and the safety of others.

Safety Philosophy: The Contractor is dedicated to the concept that all accidents are preventable. Our goal is to achieve and sustain "Zero Accidents" through continuous improvement practices.

All employees have a right to:

- Willingly participate in safety and health issues.
- Report or stop unsafe acts and conditions without fear of reprisal.
- Review accident/incident and safety inspection results.
- Become actively involved.

Integrated Safety Management ISM Guiding Principles and Core Functions:

ISM 8 Guiding Principles

Line management responsibility for safety
Clear roles and responsibilities
Competence commensurate with responsibilities
Balanced priorities
Identification of safety standards and requirements
Hazard controls tailored to the work being performed
Operations authorization
Worker involvement

5 ISM Core Functions

Define the scope of work
Identify the hazards
Mitigate the hazards
Perform work within controls
Lessons learned, feedback, and continuous improvement

GENERAL INFORMATION

1. Full legal name of company:	
2. Number of employees: <input type="checkbox"/> 10 or Less <input type="checkbox"/> 11 or More	
3. Person Responsible for Company's Safety and Health Programs:	Title:
4. Safety and Health personnel assigned to this project. Include certification(s) to demonstrate competency in safety and health compliance:	
5. Is the Offeror a subsidiary of another company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list parent company name:	
Address:	
Contact Person:	
Telephone No.:	Fax No.:
6. Workers' compensation insurance carrier:	
Address:	
Contact Person:	
Telephone No.:	

SUBCONTRACTOR SAFETY AND HEALTH DATA

SECTION I: SAFETY PERFORMANCE

Offerors who employ 10 or less employees will be evaluated on their workers' compensation claims for the 3 previous years and their experience modification rate (EMR). Offerors who employ 11 or more employees (or OSHA has informed you in writing that you must keep records under 29 CFR 1904.41 and .42) will be evaluated on their EMR, total recordable case rate (TRCR), and lost workday case rate (LWCR) over the 3 previous years. Based on the information submitted, the Offeror will be assigned a status position of Approved, Conditional Approval Level 1 or Level 2, or Not Approved. The status position will determine if other submittals and/or approvals will be needed to evaluate/approve the Offeror.

INSTRUCTIONS (Complete either item 1 or 2 only):

1. Offerors who employ 10 or less employees:

Offerors who are exempt from OSHA record keeping requirements, e.g., **employ 10 or less employees**, must provide the following submittals:

- A. Provide workers' compensation claims listing for the 3 previous years showing as a minimum: occupation, injury/illness types, and indemnity payments if applicable, but should not include name of employee(s).
- B. Provide a signed and dated letter from workers' compensation insurance carrier verifying the EMR for the 3 previous years.

2. Offerors who employ 11 or more employees:

Offerors who are not exempt from OSHA record keeping requirements, e.g., **employ 11 or more employees** (or OSHA has informed you in writing that you must keep records under 29 CFR 1904.41 and .42), must provide the following submittals:

- A. Provide copies of completed OSHA 200/300 logs and Form 300A summary for each of the 3 previous years. The logs must include totals as well as occupation and injury types but should not include name of employee(s). If logs reflect a significant number/frequency of injuries and/or illnesses on a recurring basis with no significant improvement, provide written explanation for the cause of the significant number and/or frequency.
- B. Provide a signed and dated letter from the workers' compensation insurance carrier verifying the EMR for the 3 previous years.
- C. Provide the Number of Hours Worked for each of the 3 previous years from payroll records or OSHA's Form 300A.

Note: If you have questions concerning the requested data/submittals, please contact the Contractor's Subcontract Administrator/Procurement Agent.

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SECTION II: PROGRAMS AND INFORMATION

INSTRUCTIONS:

Offerors shall only provide the following submittals if notified by the Subcontract Administrator / Procurement Agent.

1. Submit a copy of Offeror's Safety and Health policies and procedures manual(s) table of contents for review. If none, so state.
2. Submit documentation describing how offeror addresses and complies with the Contractor's safety policy, values, philosophy, and Integrated Safety Management (ISM) guiding principles and core functions. Sufficient information must be supplied to substantiate that the Offeror has an acceptable program; therefore, it is imperative that the Offeror provides detailed information.
3. Submit a written statement of how Offeror will apply the Subcontractors Requirements Manual (SRM) requirements to the work scope, including, but not limited to, work control process, training, management accountability, employee involvement, and stop work.
<http://www.inel.gov/procurement/formsdocuments.asp>
4. If lower-tiered subcontractors are to be used, explain how Offeror will monitor and ensure lower-tiered subcontractor(s) adheres to program requirements in items 1-3 above.
5. Provide examples of investigation reports and evidence related to how lessons learned from incidents have been communicated to employees and applied to the work process.
6. List all issued and upheld citations or fines issued to Offeror from local, state, and federal government agencies in the 3 previous years, including, but not limited to, OSHA, Price Anderson, EPA, and Nuclear Regulatory Commission (NRC). If none, so state.

Note: If you have questions concerning the requested data/submittals, please contact the Contractor's Subcontract Administrator/Procurement Agent.

SIGN AND DATE

The undersigned verifies that the information provided is current, complete, and accurate as of the date of their signature.

Offeror Printed Name:

Offeror Signature:

Offeror Title:

Offeror Date:

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FOR CONTRACTOR USE ONLY

	200 _____	200 _____	200 _____
a. No. of fatalities:	_____	_____	_____
b. No. of cases with lost workdays:	_____	_____	_____
c. No. of cases with job transfer or restriction:	_____	_____	_____
d. No. of other recordable cases:	_____	_____	_____
e. Total no. of recordable cases: (a + b + c + d)	_____	_____	_____
f. Total no. of hours worked:	_____	_____	_____
g. TRCR (Total Recordable Case Rate) (e) (200,000) (f)	_____	_____	_____
h. LWCR (Lost Workday Case Rate) (b) (200,000) (f)	_____	_____	_____
EMR (Experience Modification Rate)	_____	_____	_____

<input type="checkbox"/> Not Approved:		Reason(s) for non-approval:	
<input type="checkbox"/> Section I Only <input type="checkbox"/> Sections I and II			
<input type="checkbox"/> Approved			
<input type="checkbox"/> Conditional Approval	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	
Condition(s) are as follows:			
SFG Industrial Safety Representative			
_____	_____	_____	
Name	Signature	Date	
Subcontractor Technical Representative			
_____	_____	_____	
Name	Signature	Date	
OS&H Director (if required)			
_____	_____	_____	
Name	Signature	Date	
General Manager / ESH&QA (if required)			
_____	_____	_____	
Name	Signature	Date	